

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	<i>mcj</i>		<i>07-02-01</i>
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>	<i>H.S.</i>	<i>943</i>	<i>7-25-1</i>
<b>RESPONSE FORMALITY REVIEW</b>	<i>int.</i>	<i>571</i>	<i>10/04/01</i>

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
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Claim	Date
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66	✓
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93	✓
94	0
95	✓
96	✓
97	✓
98	✓
99	✓
100	✓

Claim	Date
101	✓
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134	✓
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If more than 150 claims or 10 actions  
staple additional sheet here

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323  
10/04/01  
RESP-JCS83

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